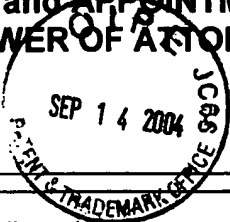


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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

Application Number	10/777,829
Filing Date	February 11, 2004
First Named Inventor	Arnold J. Mandell
Art Unit	1631
Examiner Name	Unassigned
Attorney Docket Number	31010-701.301

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 021971☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:650 Page Mill Road
Palo Alto, CA 94304-1050

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Arnold J. Mandell

Signature *Arnold J. Mandell*

Date 8/9/04

Telephone

828-251-9794

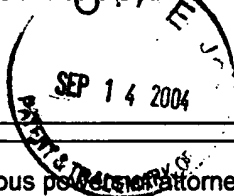
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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SIGNATURE of Applicant or Assignee of Record

Name Karen Selz

Signature

Date 8/11/04

Telephone (828) 251-9794

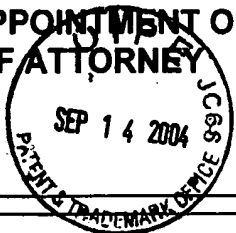
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SIGNATURE of Applicant or Assignee of Record

Name Michael F. Shlesinger

Signature

MF Shlesinger

Date

8/14/04

Telephone

301-881-2742

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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